



Maine Center for Disease  
Control and Prevention

An Office of the  
Department of Health and Human Services

Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
286 Water Street  
# 11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 287-5672  
Fax: (207) 287-4172; TTY: 1-800-606-0215

## SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION		Town of <u>LAMOINE</u>
Property Owner's Name: <u>GLENN BAEZ</u>		Tel. No.: _____
System's Location: <u>DOUGLAS HIGHWAY</u>		
Property Owner's Address: <u>162 DOUGLAS HIGHWAY - LAMOINE, ME.</u>		Zip Code <u>04605</u>
e-mail address: _____		

The subsurface wastewater disposal system design for the subject property requires a  replacement system variance  first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires  local approval  local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)		SECTION OF RULE:
1. <u>SETBACK REDUCTION: SYSTEM TO OWNER'S DRILLED WELL 60'</u>		<u>TABLE B-A</u>
2. <u>SETBACK REDUCTION: WATER TIGHT TANK TO WELL 25' MIN.</u>		<u>TABLE B-A</u>
3. _____		
<u>SITE EVALUATOR</u>		
When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.		
<u>VARIANCE REQUESTS TO REDUCE COST OF INSTALLATION DUE TO ROAD REQ. FOR INSTALLATION</u>		
I, <u>WILLIAM A. LABELLE, JR.</u> # <u>319</u> , S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.		<u>5-18-17</u>
_____ <u>William A. Labelle, Jr.</u> SIGNATURE OF SITE EVALUATOR		DATE

PROPERTY OWNER	
I, <u>Robert M. Erchaud</u> , am the <input type="checkbox"/> owner <input checked="" type="checkbox"/> agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.	
<u>Robert M. Erchaud</u> SIGNATURE OF OWNER <input type="checkbox"/> AGENT FOR THE OWNER	
8/24/17 DATE	

LAMOINE

DOUGLAS HIGHWAY

GLENN BAEZ

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, M. Chase Jano, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system ( does  does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I ( do  do not) approve the requested variance. I ( will  will not) issue a permit for the system's installation as proposed by the application.

LPI Signature

8/24/17

Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system ( does  does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I ( do  do not) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI Signature

Date

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and ( does  does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT

DATE

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT  
WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One):  Outside Shoreland Zone-50  Inside Shoreland Zone-65  Subdivision-65

VARIANCE Fee \$ 20,00

## SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Division of Environmental Health, 11 SHS  
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<		
City, Town, or Plantation	LAMOINE		Town/City	LAMOINE Permit # 1856
Street or Road	DOUGLAS HIGHWAY		Date Permit Issued	828/17 Fee \$ 250.00 Double Fee Charged ( )
Subdivision, Lot #			<i>M.J.L.</i> Local Plumbing Inspector Signature	
OWNER/APPLICANT INFORMATION				
Name (last, first, MI)	BAEZ, GLENN		<input type="checkbox"/> Owner	<input type="checkbox"/> Applicant
Mailing Address of	162 DOUGLAS	HIGHWAY	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules.	
<input type="checkbox"/> Owner				
<input type="checkbox"/> Applicant				
Daytime Tel. #			Municipal Tax Map #	9 Lot # 19
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED		
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application. <i>Robert J. Michael 28/24/17</i>		
Signature of Owner or Applicant		Date	Local Plumbing Inspector Signature	
			(1st Date Approved)	
			(2nd Date Approved)	

PERMIT INFORMATION			
TYPE OF APPLICATION  <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System  Type Replaced: STEEL TANK / TRENCH  Year Installed: 1950's  <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES  <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENT(S)  <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System(2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components	
		SIZE OF PROPERTY  <input type="checkbox"/> sq. ft. <i>15</i> <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE  <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <b>3</b> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____
SHORELAND ZONING  <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped		

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK  <input checked="" type="checkbox"/> 1. Concrete <b>WATER TIGHT</b> <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile  <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____  CAPACITY <b>1000</b> gallons	DISPOSAL FIELD TYPE & SIZE  <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device _____  <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load  <input type="checkbox"/> 4. Other: _____ SIZE <b>11'2"</b> <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT  <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks In Series <input type="checkbox"/> c. Increase In Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <b>2700</b> gallons per day BASED ON <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE CONDITION <b>3/8 / D</b> at Observation Hole # <b>1</b> Depth <b>12"</b> OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING  <input type="checkbox"/> 1. Medium - 2.6 sq. ft./gpd <input type="checkbox"/> 2. Medium-Large - 3.3 sq. ft./gpd <input type="checkbox"/> 3. Large - 4.1 sq. ft./gpd <input type="checkbox"/> 4. Extra Large - 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP  <input checked="" type="checkbox"/> 1. Not Required, RAISE PIPE <input type="checkbox"/> 2. May be Required FROM <b>HOUSE</b> , <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (motor readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at Center of Disposal Area Lat. <b>44° 21' N</b> Lon. <b>68° 21' W</b> If g.p.s., state margin of error <b>30±1%</b>

## SITE EVALUATOR STATEMENT

I certify that on **5-15-17** (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

*W.A.L.*  
Site Evaluator Signature  
WILLIAM A. LaBELLE, JR.

319  
SE#  
(207) 537 - 5900

5-18-17  
Date  
labelleseptic@rivah.net

Site Evaluator Name Printed

Telephone Number

E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

## SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Division of Environmental Health, 11 SHS  
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation  
**LAMOINE**Street, Road, Subdivision  
**DOUGLAS HIGHWAY**Owner or Applicant Name  
**GLENN BAEZ**

## SITE PLAN

Scale 1" = 40 Ft.

( SEE ATTACHED SITE PLAN )

SITE LOCATION PLAN  
(Attach map from Maine Atlas  
for First Time System Variance)

SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)														
Observation Hole #1 <input checked="" type="checkbox"/> Test Pt <input type="checkbox"/> Boring $\frac{1}{2}$ " Depth of organic horizon above mineral soil														
DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling										
	SANDY	FRIABLE	VERY DARK BROWN											
	LOAM	(10 YR 2/2)	BROWN	N.E.										
	DEAD	FRIABLE	LIGHT											
	SAND	OLIVE	COMMON											
		DISTINCT												
		BROWN												
		(2.5 Y 5/4)												
Observation Hole #2 <input checked="" type="checkbox"/> Test Pt <input type="checkbox"/> Boring $\frac{1}{2}$ " Depth of organic horizon above mineral soil														
DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling										
	SANDY	FRIABLE	VERY DARK BROWN											
	LOAM	(10 YR 3/3)	BROWN	N.E.										
	DEAD	FRIABLE	LIGHT											
	SAND	OLIVE	COMMON											
		DISTINCT												
		BROWN												
		(2.5 Y 5/4)												
<table border="1"> <tr> <td>Soil Profile</td> <td>Classification</td> <td>Slope</td> <td>Limiting Factor</td> <td><input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth</td> </tr> <tr> <td>3/8</td> <td>C</td> <td>1 %</td> <td>12 Depth</td> <td></td> </tr> </table>					Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth	3/8	C	1 %	12 Depth	
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3/8	C	1 %	15 Depth											

*John C. Baez*  
Site Evaluator's Signature

319

S. E. #

5-18-17

Date

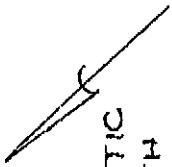
Page 2 of 3  
HHE-200 Rev. 08/2015

Town, City, Plantation  
LA MIGUEL

Street, Road, Subdivision  
DOUGLAS HIGHWAY

Owner or Applicant Name  
GLENIN BAEZ

SITE PLAN:  
SCALE:  $1'' = 40$  FT.



MAGNETIC  
NORTH

NOTE:

APPROX. LOCATION OF OLD  
SYSTEM, PUMP OUT AND  
FILL STEEL TANKS.

NOTE:

APPROX. BUILDING SEWER.  
RAISE PIPE FROM HOUSE.

GARAGE

HOUSE

ERP, NAIL IN

10" DIA. POPLAR

65'-6"

114°

62'

62'

62'

62'

62'

62'

62'

62'

62'

62'

62'

62'

62'

62'

62'

62'

Site Evaluator's Signature  
Al C

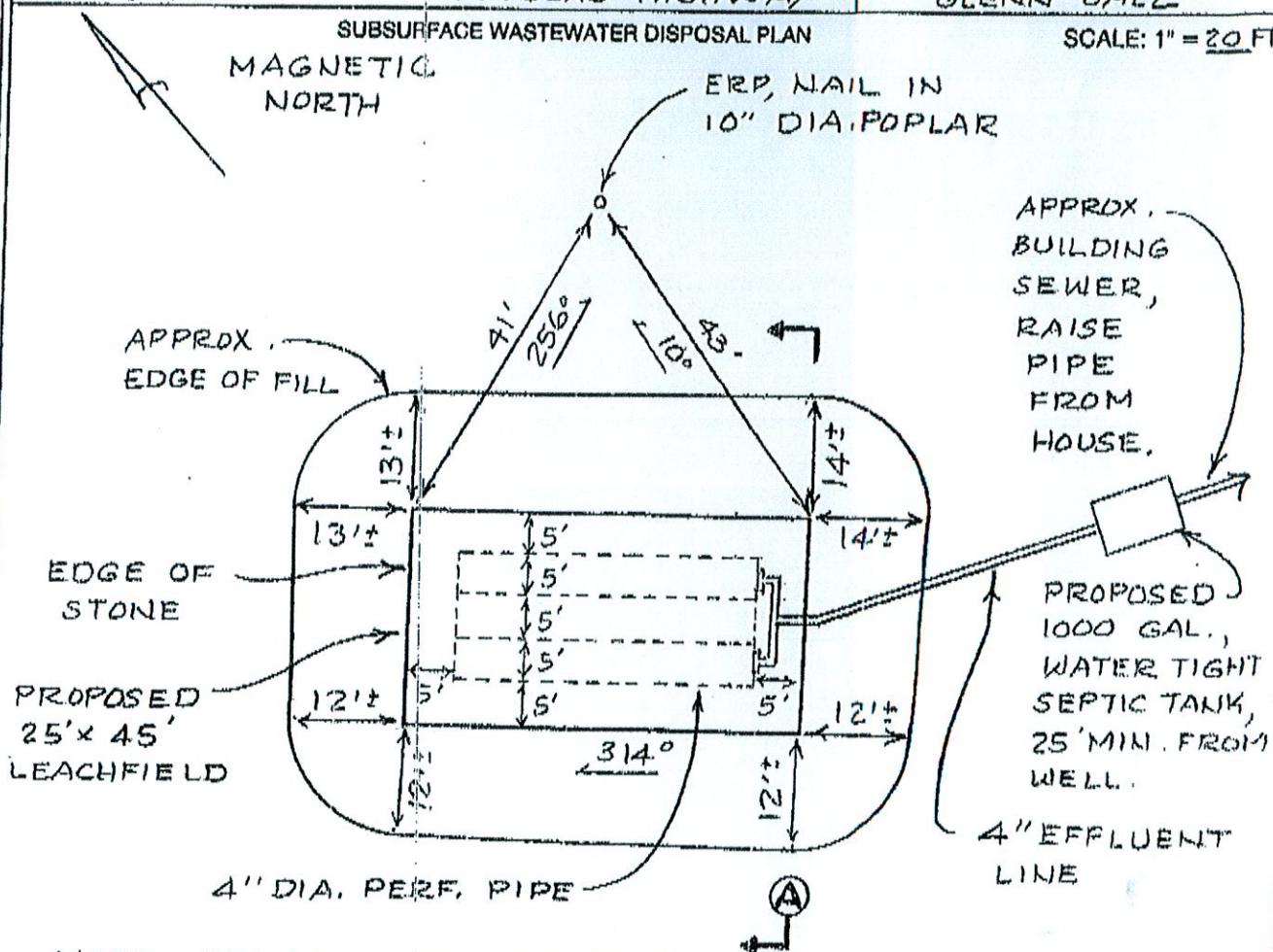
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## SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Division of Environmental Health, 11 CHS  
(207) 207-3072 FAX (207) 207-4172

Town, City, Plantation  
**LAMOINE**Street, Road, Subdivision  
**DOUGLAS HIGHWAY**Owner or Applicant Name  
**GLENN BAEZ**SCALE: 1" = 20 FT.NOTE: SEE ALL NOTES PAGE 2A.

FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope) <u>28"</u>	Finished Grade Elevation <u>CROWN -33"</u>			Location & Description <u>NAIL 79"</u>
Depth of Backfill (Downslope) <u>.32"- .34"</u>	Top of Distribution Pipe or Proprietary Device <u>-49"</u>	<u>-49"</u>	<u>N/A</u>	<u>ABOVE GROUND IN 10" DIA. POPLAR</u>
Depths @ cross-section shown below or on X-sect. detail. Bottom of Disposal Field		<u>-60"</u>		Reference Elevation is: <u>0"</u>

## DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

NOTES:

1. Tank(s) must be 8' minimum from building.
2. Grade surrounding area to divert surface water away from system.
3. All work done adjacent to wetlands and water bodies must be done in compliance with section 12 of the Subsurface Wastewater Disposal Rules. Erosion and sediment control measures must be in accordance with the March 2003 edition of the Maine DEP Handbook "Maine Erosion and Sediment Control BMPs" (DEPW0588).
4. Install septic tank(s) risers 18" in diameter "minimum" to within 6" of finished grade on inlet, cleanout and outlet covers (recommend extending risers to finish grade).

*Al C 3*

Site Evaluator's Signature

319

S.E. #

5-18-17

Date

## DISPOSAL BED CROSS SECTION

